North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Provider Monitoring Training Guide

December 9, 2008



North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services Provider Monitoring Training Guide December 3, 2008

Introduction

The PowerPoint slides (North Carolina Provider Monitoring Training December 2008) are designed to provide LME reviewers with step-by-step guidance in using the Provider Monitoring tool and implementing the review process. Any new process causes concern among staff. Staff might express concern that they do not have the skills to carry out the expectations; other staff might feel that the old way is better. Many concerns will be alleviated through the training; while others will diminish once LME staff have experience using the tool. The Guide has suggestions for discussions, clarifications and activities that supplement the PowerPoint. Following are some overall training suggestions:

- To make the training "real" for LME staff, choose a one or two provider agencies to use as examples during the training.
- Have the training be interactive with opportunities for participants to share their expertise and learn from one another. This would be particularly helpful during the discussion of how to interpret various Key Elements (and sub-elements) and survey techniques (e.g., interviews, etc.).
- If using the full set of PowerPoint slides, the training takes a full day to complete. A suggestion would be to complete Modules 1-5 in a half day session. That will give reviewers an understanding of the components of the tool. After that new reviewers could then be paired with experienced reviewers to complete 1 or 2 provider reviews. With that hands-on experience, complete the training on the remaining modules that delve more deeply into scoring, review techniques and the review process.

Suggested handouts for each participant:

- PowerPoint
- 6 Provider Monitoring worksheets
- Excel Provider Monitoring spreadsheet

- Maximum Resource Intensity of the Provider Monitoring Tool Based on Number of Services Provided by an Agency handout
- Master List of Domains and Key Elements and Crosswalk with the Frequency Extent of Monitoring handout
- Key Element scenarios

♣ Module 1: Training Agenda and Goals (Slides 2 - 3)

Group Discussion: Ask LME staff what they would like to learn in the training. List the topics on Flip Chart paper. As topics are addressed during the training, check them off on the list. If everything cannot be addressed during the session, let everyone know that once they have some experience in using the tool, it might be helpful to have follow-up sessions to cover some topics in more depth.

Module 2: Purpose of Provider Monitoring Review and its Relationship to other Oversight Processes (Slides 4 - 9)

Group Discussion: Invite discussion of the differences between how Provider Monitoring is currently being conducted and what the new process is designed to accomplish. Emphasize that the process is essentially a "screen" that will identify overall areas where the provider is performing well and where follow-up (or other actions) or improvement is needed.

It might be helpful to emphasize why a standardized approach is beneficial to the LME and the system as a whole, including that it:

- Enables different LMEs to compare results for the same provider with one another
- Sets clear statewide expectations for provider performance
- Facilitates statewide data collection and analysis for systemic improvement strategies (e.g., training in areas of statewide low performance).
- Allows reporting to Federal funders (Centers for Medicare and Medicaid Services or CMS) and the state legislature.

It is important to discuss is what this review is not designed accomplish--that it does not cover every DMH/DD/SAS rule or requirement; rather certain key requirements are selected that apply across services and settings.

Based on concerns that some aspects of provider oversight will be lost in the standardized process, discuss other processes that cover those aspects of provider performance.

Slides 7, 8, and 9 build on the previous discussion. They emphasize that there are several inter-rated means to monitor providers. Review how the FEM and Provider Monitoring are two such inter-related processes.

Group Discussion: It might be helpful to use examples from current provider ratings on the FEM and how the provider did on the current monitoring review. Use the current provider status on the FEM as a means of prioritizing and setting up a schedule of monitoring reviews.

♣ Module 4: Scope of the Provider Monitoring Review (Slides 10 - 14)

Here the trainer should emphasize that the scope of the review drives what services are included in the review, the sample selection and, finally, what the provider report covers. Provider Monitoring is a scan across all services that are shown in **slides 11 – 14**.

Let participants know that the sample is selected to represent all the services but will not be large enough to give the provider information in the final report about each discrete services. It will be helpful to stress that in order to present program/service or site specific findings the sample (personnel, individuals and incidents/complaints) would need to be significantly large enough to make judgments at that level of specificity.

This might be an opportune time to define what the final provider report will present. The report will not be program, service or site-specific; rather it will present indicators of overall provider performance within the LME along with "required actions" for areas of low performance. It will be helpful for participants in the training to know that when there are "required actions," the LME might conduct a more in-depth review of specific services. Required actions can be program/service/site specific depending on the results of Provider Monitoring.

Module 5: Organization and Content of the Tool e.g., Domains, Key Elements, Worksheets, etc. (Slides 15-38)

Slides 15-21 begin the review of the tool. Starting with the big picture (Domains) and then going further into specifics (e.g., Key Elements, worksheets, sampling) enables participants to be less intimidated by the tool and how it is used. It is suggested participants have a copy of the 6 worksheets as well as the chart showing all the Key Elements together and a

crosswalk with the measures in the FEM (Master List of Domains and Key Elements and Crosswalk with the Frequency Extent of Monitoring).

Any new tool/process can seem daunting at first, especially before staff has had experience in using it. Walking through the tool in bite-sized pieces will assist participants to feel more confident.

Group Discussion: Most of the slides in this set provide examples of Key Elements for all the 6 Domains. It might be helpful to use examples from one or two providers to talk about what they have already identified about the providers whose services they have been monitoring.

Slides 22-36 delve into each of the worksheets in more detail including the rating system for and the sample selection for each worksheet. For the sample, it would be helpful to use the provider examples in the LME to work out an approximate sample size to demonstrate how much work will be entailed for the review. It is also helpful to the use the Maximum Resource Intensity of the Provider Monitoring Tool Based on Number of Services Provided by an Agency handout to show participants what to expect in terms of workload and team size for reviews in their LME.

♣ Module 6: Provider Monitoring Review Techniques (Slides 37-51)

The slides for this section go into even greater detail about specific Key Elements and survey techniques. Overall survey techniques for each worksheet are followed by scenarios of Key Elements from the worksheet. There are currently 6 scenarios, one for each Worksheet.

Group discussion: Engage participants in talking about other techniques they use when monitoring. The emphasis should positive survey practices and along with techniques that would make the survey more efficient. The trainer should cue into practices that extend beyond the purpose of the survey and/or make the survey too cumbersome. Examples include delving into the clinical efficacy of a specific clinical intervention vs. whether the case manager included interventions to address assessed needs in the person-centered-plan. When these issues come up, work with the group to talk about other processes or monitoring activities that get at clinical issues (e.g., Post-Payment Clinical Reviews).

Practice Exercises: Depending upon the amount of time available for the training, a suggestion would be to have some practice sessions where attendees divide into small groups and conduct mock interviews with provider staff, individuals and legally responsible persons. One group

member can be the interviewee, another the interviewer and others be "observers." The trainer can decide on a cluster of Key Elements to include in the interview. Group members can then share what they learned with the whole group. Taking this a step further, each of the group can assign a rating to the Key Elements, sharing these with one another to see how consistent they are with one another. This is a good way to help establish inter-rater reliability among monitors.

Module 7: Arriving at Rating Decisions (Slides 52-54)

Furthering the effort to develop a statewide, standardized Provider Monitoring tool, a uniform rating system has been developed that leads to specific "required actions" once the ratings are tabulated and used to complete the provider report. Participants might express concerns about this approach and it is a good idea to address it upfront. (The FEM also includes a standardized approach.) It has two main benefits:

- Enables identification of Key Elements where greater depth of monitoring is needed. Thus, tying the ratings and the required actions together enables some Key Elements to be "weighed" more heavily. This standardized weighting is used for every provider throughout the state.
- Allows for state-wide provider-specific, LME-wide and across the state identification of the degree to which providers are meeting DMH/DD/SAS requirements and where issues need to be addressed.

♣ Module 8: Phases of the Monitoring Review (Slides 55-59)

Over the years, each LME had developed its own processes for conducting the review. This section offers suggested ways to make the review efficient and complete and to avoid "reinventing the wheel" for each review. This provides an excellent opportunity to draw participants in to decision-making about the process.

- Pre-Review Activities Together decide:
 - LME-wide means of gathering information on incidents and complaints.
 - How the random sample will be drawn (e.g., every fourth name, etc.)
 - How teams will be selected, team leads and roles/responsibilities, etc.)

A suggestion would be to record the decisions to use for future trainings. Providers will be especially appreciative that they are being treated uniformly and fairly throughout the LME.

- On-Site Review (Interviews, Personnel and Service Record reviews etc.) – Together decide general procedures for conducting the review, for example:
 - Interviews providing information to staff, individuals and legally responsible persons being interviewed about the purpose of the review
 - Documentation reviews how to handle and document situations where documentation is not available
 - Immediate jeopardy and potential licensing violations
 notification and follow-up protocol
 - De-Briefing general topics covered in the presentation
- Post-Monitoring Here the trainer should emphasize the required timelines for disseminating the provider report. The trainer should also discuss how the LME will be tracking completion of required actions, etc. The importance of encouraging both the provider and LME reviewers to complete the Local Monitoring Surveys should also be emphasized.